JANA CRUDER / [www.wholewmn.com](http://www.wholewmn.com)

Please fill out this form and send it to me prior to review. Once I confirm it is safe for you to do KambÔ I will connect and we will set our session time and location. Please email completed form to [janacruder7@gmail.com](mailto:janacruder7@gmail.com)

**Client Care Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | DOB |  |  | | | |
|  |  |  | |  | | | |
| Address |  | | | | | | |
|  |  | | | | | | |
| Phone |  | Email |  |  | | | |
|  | | | | | | | |
| Emergency Contact | |  | |  | | | |
| Name |  | Phone |  |  | | | |
|  | | | | | | | |
| Do you suffer from any of the following? | | | |  | |  | |
| Serious Heart Problems | | | | | Yes ☐ | | No ☐ |
| Medicated Low Blood Pressure | | | | | Yes ☐ | | No ☐ |
| Abnormally high or low blood pressure | | | | | Yes ☐ | | No ☐ |
| Stroke, Brain Haemorrhage, Aneurism, Blood Cloths | | | | | Yes ☐ | | No ☐ |
| Lack the mental capacity to make the decision to take Kambo | | | | | Yes ☐ | | No ☐ |
| Serious mental health problems | | | | | Yes ☐ | | No ☐ |
| Undergoing or have been undergoing chemotherapy or radiotherapy | | | | | Yes ☐ | | No ☐ |
| Taking immune-suppressants for organ transplant | | | | | Yes ☐ | | No ☐ |
| Addison’s Disease | | | | | Yes ☐ | | No ☐ |
| Current and Severe Epilepsy | | | | | Yes ☐ | | No ☐ |
| Recovering from major surgical procedure | | | | | Yes ☐ | | No ☐ |
| Take immune-suppressants for autoimmune disorder | | | | | Yes ☐ | | No ☐ |
| Serious eating disorder e.g. Bulimia or Anorexia | | | | | Yes ☐ | | No ☐ |
| Active Drug Addiction | | | | | Yes ☐ | | No ☐ |
| Take regular high doses of slimming, serotonin and/or sleeping supplements | | | | | Yes ☐ | | No ☐ |
| Fasted for more than a few days before Kambo | | | | | Yes ☐ | | No ☐ |
| Liver or Kidney problems | | | | | Yes ☐ | | No ☐ |
| Asthma | | | | | Yes ☐ | | No ☐ |
| Diabetes | | | | | Yes ☐ | | No ☐ |
| Regularly consume diuretic medication or sports drinks | | | | | Yes ☐ | | No ☐ |
| Please list current Medications / Supplements: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Females Only: | | | | |  | |  |
| Are you pregnant or may be so, or are breastfeeding a child under 6 months old | | | | | Yes ☐ | | No ☐ |
| Undergoing fertility treatment | | | | | Yes ☐ | | No ☐ |
| First day of your last moon cycle: | | | | | | | |
|  |  |  |  |  |  |  |  |

**Please Describe your desire to take Kambo and add any additional relative health history.**

**Other considerations:**

               We strongly advise against enemas, colonics, liver flushes, or any water based detoxes within 5 - 7 days either side of taking Kambo;

               People with asthma need to bring their inhaler with them;

               Diabetics need to bring insulin, testing strips and extra food;

               Menstruation flow may increase for 24 – 36 hours following the Kambo treatment

               It is completely safe to continue to take any other medication, however please discuss this beforehand;

               We also strongly advise that you DO NOT consume more than 4 liters of water during a single treatment (including 2 hours before and after).

Disclaimer

I understand that IAKP practitioners are not medial doctors.

I understand that IAKP practitioners do not diagnose disease, offer health advise, treat physical or mental health issues, or prescribe medicine or pharmaceuticals.

I understand that any complementary therapy treatment which I receive is not a substitute for a medical or psychological diagnosis or treatment by a qualified medical practitioner.

I understand that it is recommended that I see such a practitioner for any physical or psychological problem I have now or in the future.

I further confirm that all the details provided are true and accurate.

I hereby release JANA CRUDER / Whole Wmn from all liability resulting from the use of equipment, materials, preparations, remedies or treatments and assume full responsibility for all risks regarding this treatment.

I confirm that I am of lawful age and fully understand the contents of this document.

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Signature |  |